

Tackling the high burden of blindness

South Sudan is the world's newest country coming into existence on 9th July 2011 after a 20-year protracted civil war that left all infrastructure destroyed and populations displaced. It is also now one of the poorest war ravaged countries in East Africa with the worst development indices.

Although no population studies have been conducted, the prevalence of blindness was estimated in 2007 to be in excess of 1.5% representing about 120,000 people and may even be as much as 3% according to estimates by the Taskforce for prevention of blindness. A further 6% of the population (48,000 people) suffer various grades of visual impairment thus preventing them from engaging in productive activities.

The main causes of blindness include cataract, contributing to between 30-50% of total blindness, refractive errors (15%), trachoma and onchocerciasis 35%.

The aim of the National Eye Care Plan drafted in 2008 is to reduce the prevalence of blindness by 50% from the current level through the development of ophthalmic manpower, provision of infrastructure for eye care delivery and tackling the five preventable or treatable diseases that contribute to 80% of blindness in the country.

Local training started in 2008 with the training of ophthalmic clinical officers (OCO) and ophthalmic nurses (ON), as well as ophthalmic surgical officers (OSO) later in 2010. Overseas training of ophthalmologists is ongoing in East Africa; so far six ophthalmologists are in training in Uganda and Kenya and more places are sought in other African countries. With the establishment of the College of Physicians and Surgeons of South Sudan, we plan to begin local training of ophthalmologists in conjunction with Juba University.

Community-directed treatment of trachoma and onchocerciasis is undertaken through the state ministries of health under supervision from the central ministry of health. SAFE (Surgery, Antibiotics, Facial cleanliness and Environmental improvement) strategy for control of trachoma is aggressively being implemented through support from the Carter Center and other NGOs including CBM, Sight Savers International and Light for the World. However complete mapping of trachoma is not completed due to security and logistic challenges in states currently affected by civil strife.

In conclusion it is noted that South Sudan has a high prevalence of blindness most of which is preventable. Addressing manpower needs through training and retraining of available eye health workers, availing appropriate infrastructure for eye care delivery, and tackling the five major eye conditions that contribute to most blindness could reduce the current burden of blindness. This would open the window for addressing glaucoma, diabetic retinopathy, and macula degeneration which are the new emerging global consequences of non-communicable diseases.

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